CLAIMS ONLY

Application Number	Filing Date
09/705,905	
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5	1					
6	X					
7	X					
8		1				
9		—				
10		1				
11		—				
12	1					
13	—					
14		1				
15		1				
16		1				
17		1				
18		—				
19		1				
20		1				
21	X					
22	X					
23		1				
24		1				
25		1				
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46						
47						
48						
49						
50						
Total Indep	3					
Total Depend	13					
Total Claims	16					

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						